

CONGRESSIONAL INQUIRY FORM

Date: _____

Your name: _____

Mailing Address: _____

Phone number: _____ E-mail address: _____

Name of affected party (if not you): _____

His/her date of birth: _____ His/her country of birth: _____

Application type: _____ Receipt #: _____

Applicant's Interview date: _____ Alien #: _____

Sponsor's name (if applicable): _____

Agency you are requesting assistance with: _____

Please let us know what we can help you with (attach additional pages if necessary):

I hereby authorize Senator Merkley and his staff to contact the relevant Federal agency to obtain information required to assist me in accordance with the Privacy Act of 1974 (5 § 552a).

Signature: _____ Date: _____

Please complete and return to Senator Jeff Merkley
121 SW Salmon St., Suite 1250
Portland, OR 97204
(503) 326-3386
Fax (503) 326-2900